

Ep #175: Rethinking Hypermobility and Pain: Amy Yapp



Full Episode Transcript

With Your Host

Susi Hatelty

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Male Announcer: You're listening to *From Pain to Possibility* with Susi Hately. You will hear Susi's best ideas on how to reduce or even eradicate your pain and learn how to listen to your body when it whispers so you don't have to hear it scream. And now here's your host, Susi Hately.

Susi: Welcome and welcome back. I'm so delighted that you're here, we're continuing on with my rethinking hypermobility mini-series. And I've got today as one of my guests, Amy Yapp. And she has been a client of mine, one on one client, as well as she's now a graduate of my yoga therapy program, so she's now a C-IAYT yoga therapist. And I'm really delighted to have her back.

Before we started recording, we had a very passionate conversation, which is likely going to come out during this episode, as we got into talking about awareness and interoception and proprioception and what I call an inability but an inability that can grow. And I sometimes talk about the struggle that my clients who have hypermobility have with interoception and proprioception.

And she sort of stopped me in my tracks and she was like, "What do you actually mean by that? Because there is this study," and we're going to reference this study as we talk. "There is this study about how people with hypermobility have heightened interoception. And you're saying that they have an inability." I'm like, "All right, we're going to have a conversation about this."

And we're going to go deeper into this on this episode because Jeanie Di Bon, who's episode dropped last week, also talked about the hypersensitivity. And I want to state a really, really important piece around why I think the results with my hypermobile clients are so good. And it's because of what I perceive interoception is and it's what I perceive as being an inability to tune in interoceptively, which I know goes against this study. I realize that. And I'm going to explain why.

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And so I probably am not quite going against the study, it's just going to seem like I am, and then we're going to expand it. And Amy and I are going to riff a little bit on just the growth that she's had.

Now, Amy was a guest on episode 34. So if you kind of want to hear her trajectory, we're like at, what? I can't even remember what number we're at. We're at like 174 I think now. So there's been a number of episodes between the time that she was first interviewed and now. And just the knowledge that she has, the number of clients that she sees who have hypermobility and just her own, I mean, just watching her growth as her teacher has been so fun to watch. And then the inner work that she's done.

So we're going to get into all of this today. We might get a little passionate, particularly me because when we talk about feeling work, people being able to tune in and grow their awareness is absolutely essential whether you have hypermobility or don't have hypermobility. And there is a significant number of people, we are learning, who have persistency of symptoms who may very well be undiagnosed hypermobile folks.

And it's very validating for me, and that's sort of a weird way to say that, in the sense that in the way that I work with people, the way that I approach the recovery and healing conversation very much is aligned with supporting someone with hypermobility. It's just the way that I work. And so we're going to talk more about that through Amy's stories.

So there will be lots of storytelling and lots of like experience so that it lands. We're not just going to be talking about some study, some intellectual construct of something. And then really for you as someone with hypermobility or perceived hypermobility, my hope by the end of this is that you are feeling, I'll use the word empowered, or inspired, or hopeful that there is an opportunity here for you to reduce or even eradicate pain.

And if you are someone who is a health professional, just please don't tell someone that they're hypersensitive, and I'll explain why. It's not helpful. Let's actually help people. Yes, they are hypersensitive. But let's help them, let's just not tell them.

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Amy: Yeah.

Susi: So welcome, Amy. I'm so glad that you're here.

Amy: Thank you, Susi. I'm thrilled to be here. A client of mine went to see Dr. Chopra. Dr. Chopra, who's in the Boston area, and he's really well known in the Ehlers-Danlos EDS community, he's really knowledgeable. And he said to my client, "You people just seem to gravitate towards one another. We just can't figure out how you zebras find each other, but you do. You come in packs." And I laughed, and then I thought the same thing about finding people who can support you, right?

It's like we find each other because in so many other arenas of our lives, we feel sort of like the odd man out. And so when you see someone or you talk to someone who is speaking your language, it's just like, oh, you just want to connect. And that is true also, I think, for how and why I reached out to Susi years ago. There was something in her languaging, in the way she was teaching that I hadn't seen before. And I called her.

What happened was I was taking a course. I've been a yoga teacher for 20 years. And we were taking a course through my studio. And the teacher was bringing in Susi for the anatomy piece for her 200 hour teacher trainees. They asked the staff, they said, you can join that part if you want on Friday night. So my friend and I went over and we kind of joined that part, it was really neat.

And that kind of stuck in my head. And then I think it was probably a good year or two after that program, you stayed with me, Susi. You were always in my heart and my mind. And when I had a flare up and I was in a situation where I had not been diagnosed with hypermobility yet, but I just couldn't stop wondering if there was something up with me because I had just kind of learned that it was even a thing through a yoga student of mine.

And there were a couple other things that were said to me. One was a doctor and one was a neighbor. And I always think things come in threes, all right, what is this hypermobility thing? So Susi was a great person to

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partner with. I just knew she could help me. I don't know how I knew it, but I knew it. And she kind of locked arms with me in like, well, what are the pros and cons of getting a diagnosis? And what do you think you'll get?

So by the time I really was ready to seek out a diagnosis, I had my boots on the ground, I knew exactly what I was looking for. And my dream came true, because I really did get the validation and the help and the education that I was looking for.

Susi: Really awesome. And just to think, because I met you just before the pandemic or during the pandemic, or around that time, right? That foggy time now for all of us, right? So it's been a few years now.

Amy: You got me through the pandemic.

Susi: And the piece that I think is really important that I want to highlight is, again, what Amy said to me when she came onto the call was, "You know, you talk about the struggle that people with hypermobility have with interoception and proprioception. But there's this paper." Right? And so what I really want to emphasize is that my focus is on helping people feel.

And so then someone might say, but they already feel a lot. And it's like, yeah, but just like they can move in a hypermobile way, they also have hypomobility. And this is something that Jeanie Di Bon and I spoke about on the last episode, where she validated, again, what she sees with her large, large population of hypermobile clients. There's a lot of bracing in the ribcage, which I see that not even just with my hypermobile clients, but people with persistent pain.

And so there's a lot of bracing in the ribcage. And even when I was working with Amy one to one, she had all sorts of very, very amazingly intricate compensatory strategies that she was utilizing in order to get what she needed to get done. So on one level, yes, there's hyper mobile pieces, then there's obviously systemic hypermobility.

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And there's also hypomobile pieces. And likewise, I will scream from the rooftops that yes, people with hypermobility have a hypersensitivity to things, like heart rate racing, and then how they respond to that. And I will say very emphatically that they also have a whole window of blind spots of what they can't feel.

And what I help people do is I help them, A, tune into better movement patterns so they're actually focusing in on better movement. So I'm directing them as to where I'd like them to focus. So then they're less compensatory, they're less hypermobile, and they now are in a place of understanding and feeling sensations associated with quality range, which leads to better strength.

Okay, so when it comes to sensing the other sensations of our body, so that was more proprioceptive conversation, but sensing the inner world of our body, again, as I help someone tune in proprioceptively, it opens up a whole other arena of sensation. And I call them yellow lights, I call them whispers, but it even goes beyond that. Like when someone can tune into grip and brace and fluidity and vitality and tension and ratchety.

I mean, Amy, what are other words that come to you? Even today when we are working together you were like, "My quad just wants to stretch." Right?

Amy: Yeah.

Susi: So we'll talk about what I did when she said this to me. But there's this whole vast array of sensations that, I would say, that all of my hypermobile clients just aren't aware of. So they're hyposensitive. And so when I can support them in gaining what I like to call a fluency of sensation, now they've got a greater perception, I think is the right word, for what's going on in their inner world.

So then when that happens, now they can recognize, okay, which are the ones, like over a period of time they start to get, with the greater fluency now they've got greater clarity around what some of these sensations mean. And then which ones are things that they actually need to seek

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support for, whether it's a PT or an MD or whatever, like whoever. Whether it's me or whether it's somebody else. There's a greater ability to be able to advocate for specifically what they need, because subjectively they have got a greater tuning in of their inner world.

Amy: I think, for me, the words that are coming up as I'm listening to you – And this is where proprioception can be learned and interoception can be really worked with so beautifully as we learn more and work on this, is the difference between reactivity and responsiveness.

So that really came to me because of that example, so just a quick Amy 101 hip thing, I was born with hip dysplasia. I was in a body cast from birth to one. I had issues as a teenager, then that worked out fine. And then I had issues in pregnancy a little bit. And finally was two hip surgeries, which is really quite common in the EDS world, that there are sometimes joint issues.

Anyway, I had the hip replacement, full replacement in 2015. So my right hip is definitely an area that I am very aware of. So just to give you that information. So today, as we were working on strength, afterwards I had the feeling that I wanted to stretch my quad, okay? Bear with me. And it was really a strong feeling. And I would have loved to have stretched at that moment, probably my whole hip flexor, too, right?

I would have done that years ago. And I would have reacted to it and I would have done it. I can almost bet you that it would have made it worse, I'm pretty sure. And today I took a beat, I shared with Susi, "I feel like I want to stretch my quad, but I'm not going to. What do you suggest?" And so it was, like there was no part of me that was going to do it, but the feeling was there. That was a sensation. That's okay.

So I'm learning all the time what I was really looking for was connection and support. It's tricky, it feels like the need to have a deep, yummy stretch. And yet I know that that increases pain and instability when I go there. So I just have to take a beat, slow down, as Susi said in the last podcast, I just

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love that, smooth is fast, right? So I was able to get a little smoothness going on in my thinking when I felt that sensation.

And what we ended up doing was a wall sit and some strap work. And that settled it out so much better. So I think that's it, Susi. That, for me, I'm thinking of the receptivity and responsiveness to what is to the feeling.

Susi: Yes, and a big piece of learning about feeling and the variety of different feelings, a big piece that we have to recognize, one of them, is that these are subjective experiences. So no matter what, if you were to share this experience with anybody else, they might have a perception of what stretch is. They might have a perception of whatever the word is that you're using. But they have really no idea what you're experiencing.

And I think that that's fundamental for people to understand, is that even me knowing what a stretch sensation would be in my own body, I have no idea if that's what Amy was experiencing or not. It was a word that she was using but, again, it's in her own world.

But what I did have is from what we had done previously in our session together was I could see how her body was moving. I could see where things were sticky. I could see where she was holding, I could see where there was some compensatory stuff happening. And then when she said what she said, it's like, oh, that can make a lot of sense based off of what I'm seeing and then how she moved in that last movement.

So then it's like, here is where I think we need to go because I think that she was experiencing something, the word she used was some disconnection and some dis-integration. Whatever the reason the stretch feeling was coming up, it was coming up. As I chose a couple of things for her with the intent to create better connection and better integration, then the result was that stretch feeling faded away.

So sometimes what needs to happen is that we all, all of us, whether hypermobile or not, we have all had subjective experiences that it's like, "Oh, I so need to do this." And it doesn't mean that you're wrong in your

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interpretation of the feeling. I think sometimes the thought and the feeling, they come together and they're one feeling. Like they're one experience.

And for us to actually just be present to like, "Oh, this is what's happening. And oh, look at where my brain is going with this. And look at what the overall experience is." And when we can be sort of bearing witness or present to the experience that we're having, and as Amy says, just pause, breathe, all right, of course you're feeling the way that you're feeling. This is a feeling that has been present before. Okay, now hold on a second year, what's really going on?

We're not needing to rush it, we just need to be steady. And then it starts to grow. So I think, again, that the piece of this that's really, really vital is you've got to be willing to dive into your experience and recognize that you are going to have interpretations of what those feelings are. And you might even seek out support from other people to define what those sensations are.

And I think what's really important is not to do that. Amy and I have had lots of stories back and forth about her and other people that we both know, and just people that we're familiar with in the hypermobile world, where they go to a health professional and they say that they're feeling something. And then the health professional says, well, you're just hypersensitive. And then in a sense, dismisses the experience because you're hypermobile, you're hypersensitive.

And I'm like, oh yeah, but there's still a feeling, it's still something to note. So, again, what Amy's experience was and how I'm tying it back to what her experience was, is the stretch sensation. The need for stretch sensation that she was wanting. It wasn't that she needed to stretch, but it was indicating a need. Something was not right in the world or the universe of Amy. Something needed, in this case needed to be connected and integrated.

And so that's why, again, we come back to that study around people with mobility are actually hypersensitive. I kind of like, again, I get my back up a

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little bit and I can get passionate about it a little bit because it's like, yeah, but it doesn't mean that what they're feeling is invalid. It means that what they're feeling needs to be addressed. So then what's the need behind the feeling? The feeling is saying that something is up.

And Amy and I could tell countless stories of people that we know who have been told, you're hypersensitive. There's nothing wrong, you're just hypersensitive. It's like, well, let's flip this around a little bit or turn it on its side a bit and say, well, hold on a second here, if they're feeling something that's not quite right, then how about we just look at what's possibly not quite right?

Amy: I think, you know, Dr. Linda had said during our first go around with hypermobility that when there are lots of issues, think connective tissues. I think that she said something like that. And to me, that makes us experts, not hypochondriacs. It's like we've had lots of different experiences with lots and lots of health arenas at our young ages, right? So we really know what we know.

So I think that is a big part of this. And because we don't always feel supported, we tend to take things to 11. We tend to dive in and amp it up. You know, if that's going to be good, more must be better. And I get it. My goodness, that makes perfect sense. When you're not feeling supported, you're going to try lots of different things, you're going to try anything that sticks to the wall.

And so I think that's where this work of somatic and yoga therapy, and it's just such a gift to be able to understand that we know what we know. And we still fall down into the rabbit hole sometimes unless we are practicing. So it's like Susi said, oh, that's just a sensation.

I was sharing with Susi that I love the analogy of a runner. When that runner is running and their heart beats really fast, they don't start thinking they're having a terrible heart attack or they're going to die. They're just like, "Oh, my heart's beating fast, that's just a sensation. It's part of how I roll. It's part of what I'm doing." And I think that's the same.

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And yet, like Susi was mentioning, a client I had this morning had an issue, and it was a real issue but her doctor was dismissing it and saying that, “Well, it looks perfect to me, it must be you” kind of thing that she was told. And it couldn’t be further from the truth. So now the onus is on her to go get more eyes on this and figure this out and get a new doctor, most likely, which takes some inner locus of control, that takes some learning, some practice.

And just like that runner, she was saying, when you are told that it’s in your head or that you are just being hypersensitive, of course there’s anxiety. Of course there’s some spinning. Of course there’s some storytelling that your mind is going to do to make it true. When really it isn’t, at all. It’s just a sensation. You’re feeling it. It’s there. So, okay, that didn’t work, that person didn’t work for me. They’ll probably work for someone else, just not me. And I’m going to keep going.

Susi: Yeah, and honor the fact that what you’re feeling is true.

Amy: Absolutely true.

Susi: Sensations get kind of a bad rap in a way because they are a subjective experience. And because they’re not an objective, measurable thing that our medical model can objectively say this is so, then we’ve all been trained, we were all swimming, we’re all swimming in the soup of formal scientific evidence.

And don’t interpret what I’m saying in the way that I don’t want you to interpret it. I love formal evidence, two of my yoga programs have been studied at a university level. I love evidence. The problem with it, though, is it has us focus simply on that which is objective. And it takes away from the human experience, which has a huge component of subjectivity to it.

The subjective experiences can be gushy and mushy because they aren’t something that we can all agree on because they are internal to us. But it doesn’t make them any less valid. In fact, it’s that gushy, mushy feeling

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stuff that actually helps the health professional, if they are willing to listen, really tune into objectively what's going on.

And in the case of your client, she was able to find somebody who actually was like, wait a second, yeah, this makes a lot of sense that you are feeling what you're feeling. And that this other thing that occurred, that could very well be a result of the first thing, right? So it's like someone who could actually put the pieces together was willing to actually say, hey, yes, there are some dots that can be connected here.

Amy: She had her own back.

Susi: Yeah.

Amy: She had her own back, you know? She kept going until she figured it out.

Susi: Yeah.

Amy: Until what felt true to her and became her superpower for figuring out how to get even better than she was. And she just kept going. But until you start to become truly aware that you really do know what you're doing and you know what you're feeling, it can be very easy to get lost in all of this.

Susi: And not believe yourself.

Amy: Yes, yes. And not believe yourself. And even speaking of ourselves, I love Jeanie Di Bon talks a lot about keeping it low and slow. I hear her say that a lot, low and slow with movement. And I can just give a quick example recently where I was trying a new movement to strengthen my hips. And this one compromised hip was flaring a lot the next day.

And I did, I kind of caught it, because you go. "Oh, no," right? Your brain wants to go, "Oh, what did I do? What did I do now?" Right. And, in fact, it was a very short duration of a flare, it was just the morning really it bothered me a bit and then it was great.

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But when I thought back on it, because it was a new movement, I knew enough to keep the reps really small and go low and slow with them. So had I not done that and just gone in big and done what the book said or the video said, I know that that flare could have been days. So there is that piece.

And it doesn't mean I won't go back and do that movement again. It just means that I'll do it even differently. So there's an example of really empowering yourself. And it was kind of fun to go, "Oh, that didn't even last very long." And then to retrace my steps and know that, wow, I kind of do know what I'm doing here. And I'm not afraid to try new things, I just try new things differently than I used to.

Susi: Mm-hmm. So good. It's so good. So I think the big piece here is that the reality is that we all sometimes need to advocate, or a lot of times need to advocate for ourselves when we're talking about our health. And that's just the way it is. Sometimes people can get very upset about that, and the reality is it's just the reality.

And oftentimes you need to advocate because we are feeling something subjectively that someone isn't listening to us about, and so then we need to keep going and keep going and keep going and keep going. And a piece around those of you with hypermobility and something that is for the health professionals listening to this, and sometimes you know the person has hypermobility and sometimes it's undiagnosed and you don't know.

But for all of my clients and everyone I've ever spoken to with hypermobility, this has been something that's been going on all of their lives. And they will tell you stories from when they are young children, and then when they are teenagers, and then later teenagers, and in their 20s and multiple, multiple times and a number of them have been told they're hypochondriacs.

There's been enough messaging to folks with hypermobility that they are not believed. So there's an element that I find that when I'm working with people, is that it's growing their confidence in what they're feeling that they

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have the clarity. Which then enables them to advocate which then only grows their own self-belief. And then they recognize, because they've always known it to be true, that what they are feeling is real, right?

And so when you can expand, and this is the key part, you can expand your sensory language and you can expand your sensory capacity so that with movement, for example, you can tune into those compensatory strategies, the feelings of gripping and of bracing and of ratchety, or that deep stretch, the need for a deep stretch sensation like you. You start to gain that understanding.

And then, as you're able to quiet those down in a movement pattern, you start to become aware of vitality, or lightness, or ease or freedom or, holy crap, I don't feel pain anymore. So then you start to have a greater expansiveness of language and of experience of what internally is going on in your body. Your awareness grows.

So that's where I think then that hyposensitivity starts to kind of rise into something that you're now more aware of. And then there's a greater balance of what you can tune into. It doesn't mean that you won't go into more hypersensitivity or more hyposensitivity, but you gain a greater fluency and awareness and an ability to actually express yourself and tune in.

And, Amy, you had that great conversation with me before we started recording around knowing that you needed to do something. You kind of thought through it, you felt into it. And then when you called the physician, it was, okay, how long should I take this for? Or how long should I do this for? What's the recommendation?

And it wasn't like you needed to go to the doctor, you just needed a phone call and bada bing, bada boom, done, right? Because you were able to tune in well enough to your own inner experience.

Amy: And trust myself that I knew.

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Susi: Yeah.

Amy: And I think too, looking back on my life with some of my things that have happened, I'd say the worst of it was when a doctor yells at you or tells you you're making it up or you're too sensitive. And the best ones, I would say, would kind of shrug and say, I don't know. I have no idea why this is happening. I have no idea why you're in anaphylaxis or I have no idea why you're, you know, all these things.

And yes, that was better than being told it's your fault or whatever, but what can happen when someone says, "I have no idea, have a good life, hopefully," kind of leaves you hanging like that, you can become very rigid and very, very, very protective and careful and scared, right?

So that's what I really love about our work is that you are not alone, number one. And you know, so maybe if the doctor doesn't know, you can keep going, you can keep trying. You can keep accessing the support that you need, it is there. I know, it's hard sometimes to believe that it is there, but it is there.

So I think that's back to we want to help people with hypermobility not become so rigid that they're not enjoying the rest of their life. I mean, I even think about Susi and I always talk about tabletop, our hands and knees pose or Superman pose when I was working with her early on. And I was really being very, very rigid. I was in a lot of pain when I was doing it. And I loved tabletop for so many years. And all of a sudden it wasn't working for me anymore.

And I think part of it was I was sort of overtraining. I thought because I'm sort of loosey-goosey, I have to really pull everything in and it was kind of like this everything all the time, go to 11 kind of bracing is what it was. Gripping and bracing to do the movement, which was a blind spot because that had worked for me for a while and then all of a sudden it was wreaking havoc and giving me all these problems.

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And I didn't understand because I thought, well, everything all the time was working for me for a long, long time. And all of a sudden it's not. So that's when I had to sort of work with Susi to sort of unravel that balance again. So then just move, right? So then you just want to move. But then you can get a little too lax.

So it's that butterfly, right? The butterfly landing on something that's too loosey goosey won't feel safe. A butterfly landing on something that's too rigid won't feel safe. It's the same with us, we just have to keep finding that support.

Susi: So good. Love it. Love it. Thank you. And this has been fun to riff with you and for me to hear again just the gain from episode 34 all the way up to where we are today. And if what you're hearing, whether you're a health professional or you're someone with hypermobility or you're someone who you think you might have hypermobility, then do check out, learn.functionalsynergy.com/hypermobility.

Amy will be teaching in that along with Jeanie Di Bon, Leslie Russek, who's a physical therapist, as well as Linda Bluestein, who's a hypermobility doctor, and me as well. And so you'll get some really, really, really great information to support yourself, to support your students and your clients. There are CEUs available for the program as well for the professionals. I would love, love, love to have you join us in that program.

And, of course, if you want to reach out to Amy directly, Amy, where can people find you?

Amy: You can find me, I'll actually just give you my email address, it's probably the quickest way. And it's my name, Amy Yapp, A-M-Y-Y-A-P-P, 63@gmail.com. So it's amyyapp63@gmail.com.

Susi: Brilliant. All right, well, thank you again, Amy.

Amy: Yeah, I'm looking forward to the course, Susi, too. We were talking before this and one of my clients used the term, a lot of us lack this ability

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for proprioception intrinsically, but it can be learned. Even that said, whether we're hyper or hypo aware of what's going on internally, sometimes there can be a lot of surface noise in and around us.

And so I think one of the things I'm excited to dive into in this course is how do we kind of help tease apart what is surface noise and what is where our attention wants to go, right? So where intention goes, whatever you want can grow, right? Love or peace or pain-freeness or whatever. So it's helping people. And everyone's so different, but we'll be able to help people really tune into what they need.

Susi: Brilliant. So I look forward to seeing you on Understanding Hypermobility. We begin in June, looking forward to seeing you there. Thank you again, Amy.

Amy: You're welcome, thank you.

If this episode has resonated and you're looking to deepen this idea of getting your body back on board, of listening deeply to your symptoms, of listening to the whispers so you don't have to hear the screams, and you're looking for one to one support or professional training, then reach out to us at health@functionalsynergy.com where we can customize your learning path. That's health@functionalsynergy.com. Looking forward to hearing from you.